Juniper Elimatta

Performance Report

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**Commission ID:** 7098

**Provider name:** Uniting Church Homes

**Site Audit date:** 25 May 2021 to 26 May 2021

**Date of Performance Report:** 20 August 2021

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Non-compliant** |
| Requirement 3(3)(a) | Non-compliant |
| Requirement 3(3)(b) | Non-compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff and others
* the provider’s response to the Site Audit report received 23 June 2021.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

The Quality Standard is assessed as Compliant as six of the six specific Requirements have been assessed as Compliant.

The Assessment Team found overall, consumers sampled considered that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* The best thing about the service is that staff treat consumers like a friend and they feel like part of a family.
* They are supported to make decisions, exercise choice and maintain social connections.
* They described information they receive to help consumers make decisions and staff are willing to explain to them so they understand the information provided.
* The service had communicated clearly and timely about visitor restrictions since the COVID-19 pandemic.

All consumers sampled confirmed they are treated with dignity and respect and provided various examples of what this meant for them, including ways that staff value their identity, culture and diversity. Care staff were familiar with consumers and their lives and demonstrated an understanding of consumers’ individual preferences, culture and what they liked to do. The organisation’s strategic plan outlines what it means to treat consumers with respect and dignity, and a recent consumer survey demonstrated consumers were satisfied with how their privacy and dignity are maintained.

Social histories are completed with consumers on entry and contribute to the development of the lifestyle program, incorporating cultural themes of interest to consumers. The organisation has a Diversity action plan and policy and procedure documents to provide staff direction in relation to delivery of culturally safe services. Consumers stated staff are aware of their history, their heritage and traditions associated with their culture and help them to live their lives in accordance with the requirements of their culture.

Care staff described how they support consumers to make informed decisions in relation to care and services. Additionally, staff described how they support consumers to maintain relationships of choice, including through visits with family and friends and attending activities outside of the service environment. Consumers are supported to take risks to enable them to live their best life. Where consumers choose to undertake an activity which involves an element of risk, risk assessments are completed, discussions relating to the risk undertaken and risk mitigation strategies developed to ensure consumers are able to undertake these activities safely.

Information provided to consumers is current, accurate and timely and communicated in a way that is clear, easy to understand and enables them to exercise choice. Interpreters can be accessed and information can be provided in a range of different languages as required. Staff described how they support consumers with sensory deficits to ensure they understand information provided. Staff practices ensure consumers’ privacy is respected and personal information is kept confidential. Consumers confirmed staff and management respect their privacy.

The Assessment Team found the organisation has monitoring processes to ensure a culture of inclusion and respect for consumers; supports for consumers to exercise choice and independence and consumers’ privacy is respected.

Based on the evidence documented above, I find Uniting Church Homes, in relation to Juniper Elimatta, to be Compliant with all Requirements in Standard 1 Consumer dignity and choice.

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*Each consumer is supported to exercise choice and independence, including to:*

1. *make decisions about their own care and the way care and services are delivered; and*
2. *make decisions about when family, friends, carers or others should be involved in their care; and*
3. *communicate their decisions; and*
4. *make connections with others and maintain relationships of choice, including intimate relationships.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The Quality Standard is assessed as Compliant as five of the five specific Requirements have been assessed as Compliant.

The Assessment Team found that overall, consumers sampled considered that they feel like partners in the ongoing assessment and planning of their care and services. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* They are involved in regular discussions with staff about consumers’ care and talk about risks associated with their care.
* The service discusses consumers’ needs, goals and preferences, including advance care planning on a regular basis.
* They have been asked who consumers would like to be involved in care planning discussions and who they would like the service to contact to inform about incidents and other major events.
* Representatives said they are invited to a yearly case conference. The service communicates with them effectively on a regular basis and they feel they are “kept in the loop”.

A range of validated assessment tools are used to identify each consumer’s care and service needs and preferences and to ensure the care provided is safe and effective. Information gathered through assessment processes and consultation is used to develop a person-centred care plan. Care plan documents sampled demonstrated consumers, nurses and relevant health professionals work together to deliver a tailored service plan. Risks are considered and discussed with consumers and/or representatives during assessment and planning processes.

Consumer files sampled included a detailed description of consumers’ preferences, likes and dislikes to support consumer care, including advance care planning and end of life planning. Consumers stated they are asked about their specific preferences for care, including in relation to end of life care which are revisited on an annual basis. Consumer files demonstrated consumers and/or representatives are engaged in the assessment process and indicated representatives are advised of incidents where the consumer wishes this to occur. Where a consumer is transferred to hospital, relevant information is sent with them and the service contacts the hospital on a regular basis to effectively plan the consumer’s return to the service. There are processes to ensure consumers’ care is reassessed on return to the service.

Consumers and representatives confirmed the service regularly discusses consumers’ care and services with them and they know what care and services consumers receive. Outcomes of care planning are communicated to consumers and/or representatives on entry and when changes to care plans occur. A copy of the consumer care plan is provided to representatives on an annual basis.

All sampled care plans and care planning documents demonstrated consumers’ care and services are regularly reviewed, including on an annual basis, where circumstances change and when incidents, such as falls, unplanned weight loss, or incidents of aggressive behaviour occur.

The Assessment Team found the organisation has monitoring processes to ensure initial and ongoing assessment and planning is conducted in partnership with consumers and has a focus on optimising health and well-being in accordance with consumers’ needs, goals and preferences.

Based on the evidence documented above, I find Uniting Church Homes, in relation to Juniper Elimatta, to be Compliant with all Requirements in Standard 2 Ongoing assessment and planning with consumers.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services.*

### Requirement 2(3)(b) Compliant

*Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.*

### Requirement 2(3)(c) Compliant

*The organisation demonstrates that assessment and planning:*

1. *is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and*
2. *includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.*

### Requirement 2(3)(d) Compliant

*The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.*

### Requirement 2(3)(e) Compliant

*Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.*

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The Quality Standard is assessed as Non-compliant as two of the seven specific Requirements have been assessed as Non-compliant.

The Assessment Team have recommended Requirements (3)(a) and (3)(b) not met. In relation to Requirement (3)(a), the Assessment Team were not satisfied the service demonstrated safe and effective personal care is provided to each consumer, specifically oral and dental care for one consumer. In relation to Requirement (3)(b), the Assessment Team were not satisfied the service demonstrated effective systems and processes to ensure each consumer’s high impact risks were managed in line with their care plans, specifically in relation to skin integrity for one consumer. I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and find the service Non-compliant with Requirements (3)(a) and (3)(b). I have provided reasons for my findings in the specific Requirements below.

In relation to all other Requirements in this Standard, the Assessment Team found overall, consumers sampled considered that they get personal care and clinical care that is safe and right for them. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* They have no complaints about how personal care is provided to consumers.
* They feel consumers’ needs and preferences are effectively communicated between staff and consumers have access to a range of health professionals.
* Representatives have been made aware of the requirement to provide evidence of an influenza vaccination.
* They have observed staff practicing good hand hygiene.

The service has processes to identify each consumer’s needs, goals and preferences, including in relation to end of life care. For a consumer who had recently passed, documentation demonstrated changes in care and services occurred in line with the consumer’s end of life needs and preferences, family were kept informed and the General practitioner and allied health services had input into the consumer’s ongoing care needs. Staff provided examples of support strategies they implement when consumers transition into the terminal phase of life and how they support both the consumer and their family at this time.

Consumer files sampled demonstrated timely recognition and appropriate response to gradual deterioration of consumers, including changes to behaviour, mood, mobility, appetite and level of alertness. Where deterioration or changes are identified, further charting is initiated, monitoring processes implemented, and care plans updated to reflect care strategies in line with consumers’ current condition. Additionally, consumers are referred to and assessed promptly by General practitioners and/or allied health services in response to changes to their health and well-being. Clinical staff described how they communicate and document information about the consumer’s condition, needs and preferences and care staff confirmed handover information received from clinical staff is sufficient and timely. Additionally, there are processes to ensure information is communicated within the organisation and with others where responsibility of the care of consumers is shared.

The service demonstrated appropriate infection control measures are in place, and staff were observed to implement practices to minimise spread of infection. The service’s practices promote appropriate antibiotic prescribing and use, and clinical staff described how the use of antibiotics is minimised and how staff ensure antibiotics are used appropriately.

Based on the evidence documented above, I find Uniting Church Homes, in relation to Juniper Elimatta, to be Compliant with Requirements (3)(c), (3)(d), (3)(e), (3)(f) and (3)(g) in Standard 3 Personal care and clinical care.

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Non-compliant

*Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

1. *is best practice; and*
2. *is tailored to their needs; and*
3. *optimises their health and well-being.*

The Assessment Team were not satisfied the service demonstrated safe and effective personal care is provided to each consumer. The Assessment Team’s report highlighted deficiencies with oral and dental hygiene for one consumer. This was evidenced by the following:

* Oral and dental assessments for Consumer A up to the month of the Site Audit indicate the consumer has their own upper and lower teeth and requires physical assistance of staff for oral and dental hygiene.
* A Dental review in February 2020 indicated there were no risks identified with Consumer A’s oral and dental hygiene. However, a Dental review in April 2021, the month prior to the Site Audit described Consumer A as having very poor dental hygiene, including a high decay rate and food in gaps between the teeth.
* In response to the outcome of the dental examination, a Serious Incident Response Scheme report was completed and a range of actions were implemented to address the deficiencies identified.
* Following the incident, care staff were asked to explain why Consumer A’s oral care was not done and whether it was done routinely. All but one staff provided a comment, indicating on the morning of the dental examination, they had not brushed Consumer A’s teeth.

The provider’s response indicates they accept the Assessment Team’s recommendation of not met. The provider’s response included an action plan outlining actions taken in response to the outcome of Consumer A’s dental examination and documentation to evidence the actions implemented. Actions and evidence provided include, but are not limited to:

* Staff completed Toolbox training on Oral and dental hygiene. Learning outcomes included identifying changes in oral health and importance of good dental care.
* Updated the care plan to include specific instructions on how to brush Consumer A’s teeth.
* Staff are required to document in progress notes that oral hygiene has been completed.
* Instructions state brush teeth two to three times a day. Progress notes included in the provider’s response for a nine day period indicate oral and dental hygiene occurred twice a day on four days and once a day on four days. Progress notes for one day were not provided.

Additionally, the provider’s response indicates:

* The report relates to two consumers (including the consumer highlighted in Standard 3 Requirement (3)(b)) and does not reflect the overall care related to Standard 3 Requirement (3)(a).
* The organisation has a policy and procedure framework for management of oral and dental hygiene to ensure timely response is activated, immediate action taken to reduce risk and following investigation, learnings are applied in the clinical care setting.
* There is a well-defined and robust structure and process in place to manage oral and dental hygiene, however, all aspects of care were not followed completely.

I acknowledge the provider’s response, including the additional information provided to demonstrate actions initiated. However, this Requirement expects that services ensure each individual consumer receives safe and effective personal care and clinical care that is best practice, tailored to their needs and optimises their health and well-being. Based on the Assessment Team’s report and the provider’s response, I find this did not occur for Consumer A.

I have placed weight on information indicating that a dental examination in February 2020 did not identify any issues with Consumer A’s oral and dental hygiene. Over a 14 month period, evidence provided demonstrates Consumer A’s oral and dental hygiene deteriorated, with a dental examination report in the month prior to the Site Audit describing Consumer A as having very poor dental hygiene. I have also considered that outcomes of Oral and dental assessments, right up to the month of the Site Audit indicated Consumer A required full assistance with oral and dental care from staff. The outcome of the most recent dental examination indicates Consumer A’s assessed oral and dental care needs were not followed. Additionally, at a meeting with staff in response to the incident, not all staff were forthcoming in providing information relating to completion and/or frequency of Consumer A’s oral care, with one care staff confirming oral care was not provided on the morning of the dental examination.

I acknowledge the service reported the incident through the Serious Incident Response Scheme and immediately implemented a range of actions to address the deficits identified relating to Consumer A’s oral and dental hygiene. However, these actions were only initiated in response to the outcome of Consumer A’s most recent dental examination and not as a result of the service’s own processes to manage and monitor consumers’ oral and dental hygiene care needs.

For the reasons detailed above, I find Uniting Church Homes, in relation to Juniper Elimatta, to be Non-compliant with Requirement (3)(a) in Standard 3 Personal care and clinical care.

### Requirement 3(3)(b) Non-compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The Assessment Team were not satisfied the service demonstrated effective systems and processes to ensure each consumer’s high impact risks were managed in line with their care plans. The Assessment Team’s report highlighted deficiencies with skin integrity for one consumer. This was evidenced by the following:

* Consumer B developed a pressure injury that was identified by their representative in the month prior to the Site Audit. On identification, the pressure injury was described as ‘black’ and ‘appears to be necrotic’ and was assessed as being unstageable.
* A skin assessment completed seven months prior to the Site Audit identified risk factors impacting skin integrity and actions to support Consumer B to maintain healthy skin. Actions included shower daily, apply moisturiser and observe skin integrity during activities of daily living.
* Documentation indicates a Podiatrist review occurred 16 days prior to the pressure injury being identified. However, there is no documentation to indicate that the foot where the pressure injury developed was also assessed at this time.
* Management confirmed staff failed to identify the wound due to a combination of factors, and this may have contributed to why care staff did not see Consumer B’s feet for some time. Contributing factors described by management included:
* Consumer B’s representative was heavily involved in the consumer’s care and assisted them with continence needs in the afternoon.
* In the month preceding the identification of the pressure injury, a nursing student attended to Consumer B’s showering on multiple occasions.
* A report to the Serious Incident Response Scheme was completed in response to identification of the pressure injury. Additionally, once the pressure injury was identified, the Assessment Team’s report demonstrates appropriate actions were initiated to manage the wound.

The provider’s response indicates they accept the Assessment Team’s recommendation of not met. The provider’s response included an action plan outlining actions taken in response to the identification of Consumer B’s pressure injury and documentation to evidence the actions implemented. Actions and evidence provided include, but are not limited to:

* Toolbox education for staff in relation to foot care and a Foot care quiz. Learning outcomes included understanding how to perform a basic assessment of consumers’ feet and providing comprehensive foot care, understanding the importance of assessing and monitoring foot health and how to report concerns.
* Consulted with the Podiatrist. The Podiatrist is to document findings and Registered staff are to update consumer care plans.

Additionally, the provider’s response indicates:

* The report relates to two consumers (including the consumer highlighted in Standard 3 Requirement (3)(a)) and does not reflect the overall care related to Standard 3 Requirement (3)(b).
* The organisation has a policy and procedure framework for management of skin integrity to ensure timely response is activated, immediate action taken to reduce risk and following investigation, learnings are applied in the clinical care setting.
* There is a well-defined and robust structure and process in place to manage skin integrity, however, all aspects of care were not followed completely.

I acknowledge the provider’s response, including the additional information provided to demonstrate actions initiated. However, this Requirement expects that services effectively manage high impact or high prevalence risks associated with the care of each consumer. That is, each individual consumer should expect to have high impact or high prevalence risks associated with their care effectively managed. Based on the Assessment Team’s report and the provider’s response, I find this did not occur for Consumer B.

Assessment processes clearly identified Consumer B’s risks related to skin integrity and actions required to maintain healthy skin were recorded in the consumer’s care plan. Despite this, Consumer B was identified with a necrotic, black, unstageable pressure injury which was identified by the consumer’s representative. I find it is reasonable for consumers to expect where risks associated with their care are identified, strategies to minimise and manage these risks are implemented in line with their assessed needs and care plan documentation. Additionally, where care is delivered by staff not familiar with consumers, such as student nurses, care plans which include such risk mitigation/minimisation strategies should be available, communicated and used by all those who deliver personal and clinical care to consumers. Such practices would ensure consumers’ risks related to personal and clinical care are known and monitored and changes, including to skin integrity are identified in a timely manner.

I acknowledge the service reported the incident through the Serious Incident Response Scheme and appropriate actions were implemented to manage Consumer B’s pressure injury. However, the pressure injury was identified by the consumer’s representative and not as a result staff implementing strategies to monitor and manage the consumer’s risk of skin integrity changes or the service’s own processes to manage and monitor consumers’ skin care.

For the reasons detailed above, I find Uniting Church Homes, in relation to Juniper Elimatta, to be Non-compliant with Requirement (3)(b) in Standard 3 Personal care and clinical care.

### Requirement 3(3)(c) Compliant

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

### Requirement 3(3)(d) Compliant

*Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.*

### Requirement 3(3)(e) Compliant

*Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*Minimisation of infection related risks through implementing:*

1. *standard and transmission based precautions to prevent and control infection; and*
2. *practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.*

# STANDARD 4 COMPLIANTServices and supports for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

The Quality Standard is assessed as Compliant as seven of the seven specific Requirements have been assessed as Compliant.

The Assessment Team found overall, consumers sampled considered that they get the services and supports for daily living that are important for their health and well-being and enable them to do the things they want to do. The following examples were provided by consumers during interviews with the Assessment Team:

* They are satisfied their emotional and spiritual well-being is supported by the service.
* They are assisted to participate in their community, have social and personal relationships and do the things of interest to them.
* They are confident appropriate information sharing about their needs, condition and preferences occurs within and outside the organisation.
* They are satisfied that meals provided are varied and of suitable quality and quantity and reported they enjoyed their meals.

Care files sampled showed consumers and/or their representatives are asked to define how and what kind of services and supports the service can provide to improve the consumer’s quality of life. The service has conversations with consumers and others to identify what is important to the consumer to enable services and supports to be tailored to what the consumer wants and needs. For sampled consumers, care and lifestyle staff explained what was important to them and what they liked to do.

Consumers receive appropriate services and supports for daily living that promote their emotional, spiritual and psychological well-being. Consumers’ religious preferences are considered in the provision of spiritual support services, and families, one-to-one visits and staff provide emotional and psychological support to consumers. Staff were observed to approach and engage with consumers in a kind manner.

Consumers’ current abilities are identified through comprehensive assessment processes. Information gathered enables the service to identify consumers’ preferences and assist consumers to participate in leisure and social activities of their choice. Care files included strategies to assist consumers to maintain a meaningful daily routine based on their current abilities, goals and preferences. Therapy staff described activities the service facilitates each day and stated they regularly seek consumer feedback on the activities provided.

Consumer files demonstrated information about consumers’ conditions, needs and preferences is documented and communicated within the service and with others where responsibility is shared. Staff described referral processes, including to volunteer services and external organisations.

The service has processes to identify each consumer’s nutrition and hydration needs and preferences. A seasonal, four-weekly rotating menu is in place and consumers are consulted on their menu choices. Catering staff confirmed consumers are able to provide feedback following meals through feedback forms located on the dining tables and through meeting forums. Catering staff also confirmed they receive updates to consumers’ dietary and nutritional requirements as required to ensure meals provided are in line with consumers’ needs, goals and preferences.

The Assessment Team observed consumers to have access to a range of equipment for their mobility and seating comfort. Staff stated they have access to equipment required to provide activities to consumers and to support safe transfer of consumers. A scheduled maintenance program is in place to ensure equipment is fit for purpose, safe and maintained.

The Assessment Team found the organisation has monitoring processes to ensure safe and effective services and supports for daily living are provided that optimise consumers’ independence, health, well-being and quality of life.

Based on the evidence documented above, I find Uniting Church Homes, in relation to Juniper Elimatta, to be Compliant with all Requirements in Standard 4 Services and supports for daily living.

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*Services and supports for daily living assist each consumer to:*

1. *participate in their community within and outside the organisation’s service environment; and*
2. *have social and personal relationships; and*
3. *do the things of interest to them.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANTOrganisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

The Quality Standard is assessed as Compliant as three of the three specific Requirements have been assessed as Compliant.

The Assessment Team found overall, consumers sampled considered that they feel they belong in the service and feel safe and comfortable in the service environment. The following examples were provided by consumers during interviews with the Assessment Team:

* They are satisfied with their environment and are encouraged to personalise their room.
* The service is kept clean and is maintained.
* They are able to move around the service and can use outdoor areas.
* The furniture and equipment they use are safe, clean and maintained.

The Assessment Team observed the service environment was welcoming and easy to understand and optimised consumers’ sense of belonging, independence, interaction and function. The environment was noted to be safe, clean and well maintained. Doors to consumer rooms were observed to have pictures on them to orientate consumers, and consumers are encouraged to personalise their rooms. Consumers are able to move freely both indoors and outdoors. Outdoor areas included appropriate seating and shaded areas and consumers were observed to be utilising these areas throughout the Site Audit.

There are preventative and reactive maintenance processes in place and management described how maintenance tasks are reported, actioned and resolved. Furniture, fittings and equipment were observed to be safe, clean, well maintained and suitable for consumers. Contracted services are utilised to maintain and inspect aspects of the service environment and equipment. Cleaning processes are in place and staff described their responsibilities for cleaning of the service environment.

The Assessment Team found the organisation has monitoring processes in place to ensure a safe and comfortable service environment is provided that promotes consumers’ independence, function and enjoyment.

Based on the evidence documented above, I find Uniting Church Homes, in relation to Juniper Elimatta, to be Compliant with all Requirements in Standard 5 Organisation’s service environment.

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANTFeedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

The Quality Standard is assessed as Compliant as four of the four specific Requirements have been assessed as Compliant.

The Assessment Team found that overall, sampled consumers consider that they are encouraged and supported to give feedback and make complaints, and appropriate action is taken. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* They are encouraged and able to provide feedback and make complaints and feel comfortable in doing so.
* They can provide feedback by using the feedback form, speaking with staff and being supported to write their concerns on a feedback form.
* They confirmed they can speak to the manager at any time.
* When they raise issues, these are responded to.
* They provided examples of where feedback and complaints information had been acted on and changes made to their satisfaction.

Consumers and representatives are provided with information in relation to internal and external feedback and complaints avenues and advocacy services through a range of documents provided on entry. Language services are able to be accessed as required. Information in relation to feedback mechanisms and advocacy was also noted to be displayed throughout the service, accessible to consumers and others. Consumers are encouraged and supported to provide feedback through a range of avenues, including meeting forums, surveys, feedback forms and directly to staff and management.

Staff described how they support consumers to provide feedback and make complaints. Management demonstrated an awareness of open disclosure principles and practices and described actions taken following recent complaints, including agreed changes made to care provision and providing education and counselling to staff. Additionally, consumers and representatives stated where issues had been raised, an apology had been provided, investigations initiated and discussions relating to outcomes communicated.

A complaints register is maintained and demonstrated appropriate actions had been initiated in response to complaints. Documentation sampled demonstrated feedback and complaints are reviewed and used to improve the quality of care and services.

The Assessment Team found the organisation has monitoring processes to ensure input and feedback from consumers, carers, the workforce and others is sought by the service and used to inform continuous improvements for individual consumers and the organisation.

Based on the evidence documented above, I find Uniting Church Homes, in relation to Juniper Elimatta, to be Compliant with all Requirements in Standard 6 Feedback and complaints.

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 COMPLIANTHuman resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The Quality Standard is assessed as Compliant as five of the five specific Requirements have been assessed as Compliant.

The Assessment Team have recommended Requirement (3)(c) not met. The Assessment Team were not satisfied staff consistently demonstrated they were competent to effectively perform their roles. I have considered the Assessment Team’s findings, the evidence documented in the Assessment Team’s report and the provider’s response and have come to a different view from the Assessment Team’s recommendation of not met and find the service Compliant with Requirement (3)(c). I have provided reasons for my finding in the specific Requirement below.

In relation to all other Requirements in this Standard, the Assessment Team found overall, consumers sampled considered that they get quality care and services when they need them and from people who are knowledgeable, capable and caring. The following examples were provided by consumers and representatives during interviews with the Assessment Team:

* They are satisfied with care and services provided by staff.
* Consumers had been provided feedback where dissatisfaction with agency or casual staff had been raised.
* One consumer had been invited to participate on interview panels for staff recruitment and felt they contributed to the process by questioning and reviewing prospective candidates.

There are processes to ensure the workforce is planned and the number and skills mix enables the delivery of quality care and services. A base roster is maintained and allocation of staff is based on the needs of the consumers. There are processes to manage staffing shortfalls. Clinical care is predominantly undertaken by Enrolled nurses on morning shifts with senior clinical staff providing monitoring and oversight on the morning and afternoon shifts. Medication competent staff are rostered on all shifts and on call processes are provided by the manager.

Consumers confirmed staff are kind and mainly respectful when they communicate with them and when providing care. The Assessment Team observed staff interactions with consumers to be kind and respectful and staff were observed having meaningful interactions with consumers throughout the Site Audit.

New staff recruitment processes include orientation and onboarding, mandatory training, specific role training and buddy shifts. Additionally, there are induction processes for agency staff. Training records demonstrated staff complete training on a broad range of topics across the eight Quality Standards and there are processes to monitor staff completion. Staff confirmed they are provided opportunities to complete training, which is delivered through online modules, toolbox sessions and face-to-face.

Staff performance appraisals are conducted as part of the probationary period, bi-annually and as required. There are processes to monitor staff completion with the performance appraisal process. Staff files viewed demonstrated where poor staff performance is identified, performance management processes are undertaken to address deficits. There are policies and procedures available to guide the performance management/appraisal processes and further support is provided to the management team by the organisation’s Human resources team.

Based on the evidence documented above, I find Uniting Church Homes, in relation to Juniper Elimatta, to be Compliant with all Requirements in Standard 7 Human resources.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

The Assessment Team were not satisfied staff consistently demonstrated they were competent to effectively perform their roles. This was evidenced by the following:

* A Dental review undertaken for Consumer A in the month preceding the Site Audit identified very poor dental hygiene, including a high decay rate and food in gaps between the teeth.
* A Dental review in February 2020 indicated there were no risks identified with oral and dental hygiene.
* Consumer A had been assessed as requiring full assistance from staff with oral hygiene and the care plan directed staff to assist with oral care twice a day.
* Care staff did not complete Consumer A’s oral care as part of their daily routine or in line with expectations of the care staff role.
* Management asked care staff to explain why Consumer A’s oral care was not done and whether it was done routinely. All but one staff provided a comment, indicating on the morning of the dental examination, they had not brushed the Consumer A’s teeth.
* Consumer B developed a pressure injury which was identified by the consumer’s representative. On identification, the wound was described as black, necrotic and unstageable.
* The injury was not identified by staff who were required to monitor Consumer B’s known high risk of developing skin integrity issues related to their diagnoses on a daily basis.
* The care plan directed care staff to inspect Consumer B’s skin following their daily shower and report any concerns. These monitoring processes were not completed as part of daily routine or in line with expectations of the care staff role.
* The care plan outlined strategies to maintain Consumer B’s skin integrity and minimise risk of skin integrity issues. Care staff did not complete these tasks. All tasks were within the scope of the care staff role.
* Management stated much of Consumer B’s showering had been completed by student nurses, and family members would attend to the consumer’s continence needs and place them in bed in the afternoon.
* No evidence was recorded or provided to demonstrate the students provided feedback or raised concerns to care staff of any skin integrity issues.
* There was no evidence this care was planned for or consideration given for staff to monitor tasks being completed by family and the risks to Consumer B’s skin integrity.

The provider’s response indicates they accept the Assessment Team’s recommendation of not met. The provider’s response included an action plan outlining actions taken in response to the issues identified for both consumers and documentation to evidence the actions implemented. Actions and evidence provided include, but are not limited to:

* Education and training provided to staff in relation to foot care and oral and dental support for consumers.
* Memoranda to staff in relation to skin checks.
* Implemented communication processes with Consumer B’s family to identify changes to the consumer’s health and well-being, including skin.

Based on the Assessment Team’s report, I have come to a different view from the Assessment Team’s recommendation of not met and find the service Compliant with this Requirement. I have considered that while the evidence indicates aspects of care for two consumers has not been effectively delivered, I do not find this demonstrates systemic deficits with the overall competence, skills and knowledge of the workforce. I have considered the evidence presented by the Assessment Team in other Requirements which reflect the core deficiency associated with the evidence. As such, I have considered the evidence in my finding for Standard 3 Personal and clinical care Requirements (3)(a) and (3)(b).

In coming to my finding for this Requirement, I have considered information in the Assessment Team’s report across the eight Standards indicates overall, staff are competent and have the skills and knowledge to perform their roles. I have also considered that in response to the issues identified with Consumers A and B, training was provided to staff and additional monitoring of staff practices initiated. Staff sampled described aspects of care relating to the areas identified for both consumers in line with the care plans. Additionally, I consider that information in the Assessment Team’s report indicates the service has job descriptions which outline responsibilities and selection criteria for each role and care staff working at the service have a minimum Certificate III in Aged Care qualification.

For the reasons detailed above, I find Uniting Church Homes, in relation to Juniper Elimatta, to be Compliant with Requirement (3)(c) in Standard 7 Human resources.

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 COMPLIANTOrganisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The Quality Standard is assessed as Compliant as five of the five specific Requirements have been assessed as Compliant.

The Assessment Team found that overall, consumers sampled considered that the organisation is well run and they can partner in improving the delivery of care and services. Consumers are supported to engage in the development, delivery and evaluation of care and services provided through meeting forums, feedback processes and surveys. Two consumers have been asked to participate in the staff recruitment process with one consumer stating they were pleased to be able to use their skills and contribute to the process and the process made them feel valued.

The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. Reporting structures and committees are in place and information is provided to the executive and Board to understand where there may be concerns or changes in the delivery of care and services. The Board drives change, and the Chief executive officer implements actions agreed by the Board throughout the organisation. The Chief executive officer and Board members are visible and there is a schedule of visits made to each of the organisation’s services to talk to staff, consumers and their representatives.

The organisation has a governance structure to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance and feedback and complaints. There are processes to ensure these areas are monitored and reported at various service and organisational meeting forums and to the Board.

The organisation demonstrated risk management systems and practices in relation to managing high impact or high prevalence risks; identifying and responding to abuse and neglect of consumers; supporting consumers to live the best life they can and managing and preventing incidents. An incident management system is in place; the system is monitored, incidents are reported and changes made to consumer care and services where risks are identified. Management and staff were familiar with processes for reporting incidents, including the Serious Incident Response Scheme reporting requirements.

The organisation has policies and procedures to guide staff practice in relation to antimicrobial stewardship, minimising use of restraint and open disclosure. Staff interviewed demonstrated an awareness of these policies and described how they implement these within the scope of their roles.

Based on the evidence documented above, I find Uniting Church Homes, in relation to Juniper Elimatta, to be Compliant with all Requirements in Standard 8 Organisational governance.

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Compliant

*Effective organisation wide governance systems relating to the following:*

1. *information management;*
2. *continuous improvement;*
3. *financial governance;*
4. *workforce governance, including the assignment of clear responsibilities and accountabilities;*
5. *regulatory compliance;*
6. *feedback and complaints.*

### Requirement 8(3)(d) Compliant

*Effective risk management systems and practices, including but not limited to the following:*

1. *managing high impact or high prevalence risks associated with the care of consumers;*
2. *identifying and responding to abuse and neglect of consumers;*
3. *supporting consumers to live the best life they can*
4. *managing and preventing incidents, including the use of an incident management system.*

### Requirement 8(3)(e) Compliant

*Where clinical care is provided—a clinical governance framework, including but not limited to the following:*

1. *antimicrobial stewardship;*
2. *minimising the use of restraint;*
3. *open disclosure.*

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

**In relation to Standard 3 Requirements (3)(a) and (3)(b):**

* Consumers are provided with personal care and clinical care, specifically skin care and oral and dental hygiene, in line with their assessed needs and preferences and in accordance with prescribed regimes and procedures.
* Consumers’ high impact or high prevalence risks are effectively managed, including risks associated skin integrity.
* Monitor staff compliance with implementation of consumers’ care and service ensuring care is provided in line with consumers’ assessed needs and as outlined in care plans.